



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

October 15, 2018

CERTIFIED MAIL

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PARK VISTA RETIREMENT & ASSISTED LIVING COMMUNITY LLC
PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
3425 BOONE RD SE
SALEM, OR 97317

RE: PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY License #1810

Dear Administrator:

The Department completed a complaint investigation of your assisted living facility on October 15, 2018 and found that your facility does not meet the assisted living facility licensing requirements.

The Department:

- Wrote the enclosed report;
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the facility to determine if you have corrected all deficiencies.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed "Plan/Attestation Statement";
 - o Sign and date the enclosed report;
 - o For each deficiency, indicate the date you have or will correct each deficiency;
 - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
 - o Mail the Plan/Attestation Statement with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 98907
Lakewood, WA 98496

- Complete correction within 45 days or sooner if directed by the department after review of your proposed correction dates.

You May:

- Receive a letter of enforcement action based on any deficiency listed on the enclosed report.
- Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
 - o What specific deficiency or deficiencies you disagree with;
 - o Why you disagree with each deficiency; and
 - o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o Send your request to:

IDR Program Manager
Department of Social and Health Services
Aging and Long-Term Support Administration
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

If You Have Any Questions:

- Please contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 98907, Lakewood, WA 98496

Statement of Deficiencies	License #: 1810	Completion Date
Plan of Correction	PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY	October 15, 2018
Page 1 of 3	Licensee: PARK VISTA RETIREMENT & ASSISTED LIVING	

You are required to be in compliance at all times with all licensing laws and regulations to maintain your assisted living facility license.

This document references the following complaint number: 3569135

The department has completed data collection for the unannounced on-site complaint investigation on 9/27/2018 and 10/3/2018 of:

PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY
2944 SE LUND AVE
PORT ORCHARD, WA 98366

The following sample was selected for review during the unannounced on-site complaint investigation : 4 of 15 current residents and 0 former residents.

The department staff that inspected and investigated the assisted living facility:
Michael Goulet, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3, Unit A
PO Box 98907
Lakewood, WA 98496
(253)983-3826

As a result of the on-site complaint investigation the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services

Date

I understand that to maintain an assisted living facility license I must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

Date

WAC 388-78A-2630 Reporting abuse and neglect.

(1) The assisted living facility must ensure that each staff person:

(a) Makes a report to the department's Aging and Disability Services Administration Complaint Resolution Unit hotline consistent with chapter 74.34 RCW in all cases where the staff person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a vulnerable adult has occurred; and

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 6 of 6 staff members reported potential abuse affecting one of one resident (Resident #1). This failure placed all residents in the facility at risk for potential harm.

Findings include:

All times listed are approximate.

During an interview on 09/27/18 at 12:10 pm, Staff A stated that Staff C had admitted to placing tape over the mouth of Resident #1 sometime in August of 2018. Staff A stated that Staff C had then resigned her position as a caregiver at the ALF.

During an interview on 09/27/18 at 12:00 pm, Staff E stated that Staff D recently reported the incident involving tape being placed over the mouth of Resident #1, and that it was not clear why Staff D had waited approximately one month to tell staff about this happening.

During an interview on 09/27/18 at 03:10pm, Staff D stated "I knew I was supposed to call the state" in reference to why the incident was not reported to the department. Per record review of a witness statement from Staff D dated 09/20/18, Staff D had witnessed Staff B and Staff C place tape over the mouth of Resident #1 "around the first week of last month".

Per record review of a witness statement from Staff J, tape was observed to have been placed over the mouth of Resident #1. Per record review of a witness statement from Staff F dated 09/20/18, Staff B was observed to have placed tape over the mouth of Resident #1 in "mid-August".

Per record review of a statement by Staff A, three other staff members (Staff G, Staff H and Staff I) were noted to have prior knowledge of the incident involving Resident #1.

Per record review the ALF's policy on mandated reporting, this policy is provided to and signed by each staff upon hiring. The facility policy documented that each facility employee "has the absolute obligation to immediately report to the appropriate parties listed below, if you ever have reasonable cause to believe that a resident has suffered abuse". The facility policy defines abuse, including "mental abuse, including humiliation, harassment, including sexual harassment and threats of punishment or deprivation directed toward the resident".

There was no indication per interviews or record review that staff members with direct knowledge (Staff D, Staff F, Staff J) or indirect knowledge (Staff G, Staff H, Staff I) of the incident involving Resident #1 had ever reported this allegation to the department. Only Staff D reported the incident to facility staff, and this report occurred approximately one month after the alleged incident took place.

Plan/Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, PARK VISTA RETIREMENT& ASSISTED LIVING COMMUNITY is or will be in compliance with this law and / or regulation on (Date)_____. In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

I understand that to maintain an assisted living facility license, the facility must be in compliance with the licensing laws and regulations at all times.

Administrator (or Representative)

Date